

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.   FILING DATE  

APPLICANT(S)  

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7						
8		1				
9		1				
10	1					
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50						
TOTAL IND.	5					
TOTAL DEP.	8					
TOTAL CLAIMS	14					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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